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LETTERS TO THE EDITOR

Dioxin Data Contested

A recent article, "Dioxin Prevention and Medical Waste Incinerators" in the July/August 1996 issue of *Public Health Reports*, raised some important issues regarding dioxin that many of us have been addressing for some time now. Unfortunately, the author's premature "misdiagnosis" of the problem advocates a "treatment" that would lead to little or no decrease in dioxin emissions, while increasing costs. Even more troubling, the treatment could worsen the health of those seeking medical attention. Individuals will not have access to a wide range of chlorine-related products. In the interest of scientific inquiry, I present the following facts:

MWIs are not a primary source of dioxin to the environment. Emissions data regarding medical waste incinerators (MWIs) from EPA's Dioxin Reassessment, while accurately cited, are out of date. EPA has since noted in its Hazardous Waste Combustors Rule that the data are in fact "probably significantly overestimated." Also, EPA's proposed rule regarding MWIs will cause changes in technology that are estimated to reduce dioxin emissions from MWIs by over 99% (for both new and existing MWIs). For new MWIs, adoption of EPA's emission limitations would result in a 21.7 kg/yr, total, reduction in dioxin emissions from a baseline of 21.73 kg/yr, total. For existing MWIs, emissions of dioxin would be reduced by 284.8 kg/yr, total, from the estimated baseline emission level of 284.9 kg/yr.

PVC "in" does not produce dioxin "out." The authors incorrectly state that "iatrogenic dioxin pollution can be largely eliminated by replacing PVC products with alternative materials." In a government/industry-funded, peer-reviewed study conducted under the auspices of the American Society of Mechanical Engineers, the findings

regarding waste streams in incinerators were conclusive: "The failure to find simultaneous increases in most cases and finding a few inverse relationships indicates that whatever effect waste feed chlorine has on [dioxin] concentrations in combustor flue gasses, it is smaller than the influence of other causative factors" [ash chemistry, combustor conditions, etc...]. In fact, 88% of the facilities showed either no statistically significant relationship between chlorine input and dioxin measurements or an *inverse relationship* between chlorine input and dioxin measurements.

PVC is cost-effective. While the efficacy of the authors' "prescription" is called into question by these data, their solution is not without significant costs and public health trade-offs. The authors themselves state that finding substitutes for PVC presents a "technical challenge" and admit, "For a few PVC applications, including blood bags and infusion tubes for specific uses, no clearly demonstrated alternatives are yet in use." PVC use in medical institutions is increasing, as the authors admit. This is because PVC products offer superior performance at lower costs than the competing materials. The authors' willingness to trade these benefits will raise health care costs for everyone with no discernible benefits.

Chlorine is a basic element in the delivery of health care services. The true goal of the authors is described on page 301: "Ultimately a virtually chlorine-free hospital materials policy may become a realistic goal." This policy would have to start in the pharmacy because approximately 85% of all pharmaceutical are based on chlorine chemistry. The policy would then devastate the medical devices and diagnostics industry, many of whose products are made in whole, or in part, of chlorinated plastics. The authors claim to support a fundamental tenet of public health—"First do no harm." I agree

"SAFRE." Complimentary copies of the first issue are available from the Office of the Secretary, Consumer Product Safety Commission, 4330 East West Highway, Bethesda MD 20814; tel. 301-504-0800. The Consumer Product Safety Review is also available on the CPSC Web site at <<http://www.cpsc.gov>> under "Publications."

Collaborative Grants Offered

The National Association of County and City Health Officials and the University of Washington

PUBLIC HEALTH NEWS & NOTES

School of Public Health and Community Medicine, with funding from the Robert Wood Johnson and W.K. Kellogg Foundations, have launched a grant program to strengthen the public health infrastructure at the state and local levels. The program, Turning Point: Collaborating for a New Century in Public Health, will enable key players to use public health approaches to reshape health systems. Over a four-year period, 15 to 20 states will receive grants of up to

\$300,000 for up to two years each to support statewide assessments and strategic planning. At the same time, 60 local public health partnerships (an average of three in each state selected) will receive up to \$60,000 to undertake capacity building, planning, and leadership activities for up to three years. As communities successfully complete local plans, they will become eligible for supplementary grants to help with implementation.

Applications will be accepted until January 30, 1997. Further information is available from the national program offices at 202-783-5550 (Washington

ELECTRONIC UPDATE

Federal Register on the Web

The Purdue University Libraries have developed the first electronic pathway to the *Federal Register* via the World Wide Web; users can also look up information in other Federal databases in the U.S. Government Printing Office, such as the *Congressional Record*, the *History of Bills* and the *U.S. Code*. Previously, researchers could use special computers at some of the 1400 U.S. depository libraries, which limited the number of simultaneous users to 10 at each site, or they could access the data bases remotely by using a computer to go through electronic "gateways" at 14 of the depository libraries.

The *Federal Register*, which on paper can average more than 200 pages daily, contains such information as proposed Federal regulations, pending legislation, and requests for funding from government agencies. The register is updated daily, and paper copies are mailed to depository libraries around the country. However, the new information often does not reach library shelves for weeks because of the time involved in mail-

ing and filing it.

Ten people at a time can log on to the GPO databases through Purdue by typing in <<http://thorplus.lib.purdue.edu.gpo>>.

Federal Agencies Offer Documents by E-Mail

In the spirit of Americans Communicating Electronically (ACE), a cooperative initiative among Federal agencies bringing information to the public in electronic form, the National Health Information Center (NHIC), a service of the Office of Disease Prevention and Health Promotion of the Department of Health and Human Services, has developed electronic versions of a number of frequently requested publications. Documents are formatted in ASCII text.

To retrieve a document from the NHIC, send an electronic mail message to <cenhic@oash.ssw.dhhs.gov>. Specify a document from the catalog below by including in your e-mail message the subject line associated with that document. An electronic mail message (or messages) containing that document will be automatically sent to you as a reply. Limita-

tions of the e-mail system being used to deliver this information require that longer documents be divided into several messages; each message in a series is clearly labeled as such. For example, to retrieve the "Surgeon General's Report to the American People on HIV Infection and AIDS," send the following message:

To: acenhic@oash.ssw.dhhs.gov
Subject: HIV/AIDS

You would then receive four messages, each containing part of the Surgeon General's report. You can send comments and suggestions to the same address, using the subject line "Comment."

Subjects available through ACENHIC:

Health Observances

A calendar listing dates of selected health observances.

Clearinghouses

A directory of Federal clearinghouses for health-related information.

Prevention Activities

A 1993 list by HHS agency of investments in prevention.

Healthy People 2000

A description of the goals and

DC) or 206-543-1144 (Washington State).

IOM Study Calls for Malaria Vaccine

Every 30 seconds, a child somewhere in the world dies of malaria. And every year, there are 500 million clinical cases and 2.7 million deaths—all the result of a disease that appeared to have been nearly eliminated just a few years ago. In part, the resurgence of malaria is occurring, in some 90 countries, because the mosquito-borne parasites that cause the disease are increasingly resistant to

antimalarial drugs. And while a malaria vaccine is a biotechnological and immunological possibility, according to a new Institute of Medicine (IOM) report, the pace of vaccine development has slowed as a result of diminishing public funds, fragmented public sector efforts, and limited interest within the vaccine industry.

The report, *Vaccines Against Malaria: Hope in a Gathering Storm*, recommends the establishment of a Federal Malaria Vaccine Development

Board to monitor, focus, and support U.S. vaccine development efforts. Such a board would encourage collaboration among academic researchers and the private and public sectors as well as commission assessments of potential global markets.

The report is available from the IOM, National Academy of Sciences, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-2427; fax 202-334-3861.

objectives of *Healthy People 2000* and a list of the lead Public Health Service agencies responsible for each priority area.

NHIC Fact Sheet

A description of NHIC services.

Dietary Guidelines

Recommendations of nutrition authorities for Americans age 2 and up.

Online Resources

A table listing bulletin board systems providing health-related information.

HIV/AIDS

The "Surgeon General's Report to the American People on HIV Infection and AIDS."

Toll-Free Numbers

Toll-free numbers for and descriptions of organizations providing health-related information.

Health Care Job Listings on the Web

Health professionals can now look for jobs on the Internet through a new service, Health Care Connection. Launched recently by a company called CareerMosaic, the site offers career information, employer profiles, and job listings for nurses, therapists, pharmacists, administrators and financial special-

ists in locations within the United States and overseas. The new site covers all areas of health care and all disciplines. The site also sponsors online job fairs to allow prospective employees to visit and submit applications online. While there is a charge for advertisers, the service is free to job seekers and may be accessed from the CareerMosaic home page at <<http://www.careermosaic.com>>.

Health Research Info Online

The Agency for Health Care Policy and Research (AHCPR) has launched a new Web site featuring information to help consumers and their health care practitioners make informed health care decisions. It offers research on what works best in health care and other data aimed at enhancing the quality, cost-effectiveness, and delivery of health care services. Visitors to the AHCPR home page can get an overview of the Web site by clicking on the "welcome" button. Six buttons correspond to major categories of information: Offices/Centers, News and Resources, Research Portfolio, Data and Methods, Guidelines and Medical Outcomes, and Consumer

Health. There is also an electronic catalogue of the more than 450 information products generated by AHCPR. The site is located at <<http://www.ahcpr.gov>>.

Nutrition Links

The Extension Department of Foods and Nutrition at Kansas State University has completed a "Nutrition Links" Web page, which links users to approximately 350 different Web pages of nutrition information, categorized by topic area. The page is located at <<http://www.oznet.ksu.edu/dep/fnut/nutlink/n2.htm>>.

Food and Nutrition Web Addresses

The Food and Nutrition Information Center URL is <<http://www.nal.usda.gov/fnic>>.

The USDA Center for Nutrition Policy and Promotion Home Page is found at <<http://www.usda.gov/fcs/cnpp.html>>.

The Food and Drug Administration (FDA) may be accessed at <<http://www.fda.gov>>.

The FDA Center for Food Safety and Applied Nutrition is located at <<http://vm.cfsan.fda.gov/list.html>>.

WRITING FOR PUBLIC HEALTH REPORTS

At *Public Health Reports* we welcome any contribution that helps us meet the information needs of public health professionals by informing them about important scientific and programmatic developments, new technologies, policies, and scientific debate. Our ultimate objective is to strengthen public health in the United States.

When submitting your manuscript, help us by writing a thoughtful letter explaining why it belongs in *Public Health Reports* rather than elsewhere. For manuscripts that you wish to craft specifically for *Public Health Reports* we welcome and strongly encourage telephone or e-mail inquiries before you undertake or complete the writing. Our job is to help you produce manuscripts that we want to publish.

In general, *Public Health Reports* conforms to *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, the latest edition of which is available free of charge from: URM Secretariat Office, Annals of Internal Medicine, American College of Physicians, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572; tel. 800-523-1546 ext. 2660; fax 215-351-2644.

Contributions and Their Length

Letters to the Editor. We strongly encourage you to submit letters. Brevity is a virtue; between submissions of equal merit we are certain to choose the shorter one.

News & Notes. This section includes brief news items, report synopses, and announcements. These are used and rewritten at the discretion of the editors. *500 word maximum.*

Feature Articles. Features, often solicited by the editors, gather together recent research from other sources to present the current status of a subject area and the implications for policy, programming, or future research directions. For features it is particularly important that you send a query letter with your idea, its relevance to our readers, and why you are the appropriate author. If in doubt, look at recent issues for examples. A synopsis and key words for use in secondary publishing and indexing should be included. *5000 word maximum.*

Scientific Contributions. We seek to publish research that is fully developed and original. To avoid redundant publishing, we do not accept material that is preliminary or only incrementally different from previously published research. Scientific contributions should be presented in the most concise manner possible with a maximum length of *5000 words*, including a structured abstract of up to *250 words*.

Departments. *Overseas Observer, Public Health and Law, Minority Health Monitor, Information Technology, PHS Chronicles, Book & Film Reviews, and NCHS Data Line.* These are solicited pieces, for the most part, although we do welcome letters of inquiry with article ideas. *850-2500 words.*

Authorship

Who is an author? Not a trivial question, so please refer to the *Uniform Requirements*. We do need to have the signature of each author before we can publish a paper or letter.

Conflicts of Interest

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We need certain information when we receive your submission: authorship, conflicts of interest, a statement that the material has not been published nor is being considered for publication elsewhere, along with references to closely related articles (copies should be enclosed). Please give us your telephone and fax numbers and e-mail address. Please submit three copies of the manuscript, tables, and figures. Text should be double spaced.

Acknowledgment of Receipt

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Peer Review

After an initial reading by our editors, we select promising scientific contributions for peer review; these are sent to two or more external reviewers.

The Manuscript

Here's what your manuscript should look like:

Title Page. (a) title (short and descrip-

ive); (b) full names of all authors, including their graduate degrees; (c) a separate paragraph identifying authors' institutional affiliations during the course of the research (and current affiliations if different); (d) name, street address, telephone and fax numbers, and e-mail address (if available) for reader correspondence; (e) word count of the text (inclusive of references) and the number of charts/figures.

Synopsis Page. The abstract is your work's face to the world (as published by various medical indexes that include *PHR*). A good abstract promotes readership. Synopses of feature articles should be a maximum of 150 words without abbreviations, symbols, or references to tables or graphs. Abstracts of scientific articles (*250 word maximum*) should contain four parts labeled *Objectives, Methods, Results, and Conclusions*. Below the abstract provide a maximum of 10 key words (use Medical Subject Headings from *Index Medicus*).

Text. In writing for *Public Health Reports*, keep in mind that public health is an extremely broad field and most readers will be in parts of the field other than your own. Your introduction or lead is particularly important. Scientific contributions should be divided into four categories: *Introduction, Methods, Results, Discussion*. No further subheadings are necessary unless you feel they are helpful to the reader.

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Key to classification of subject index

a	original article
abs	abstract
br	brief report
c	commentary
chr	PHS chronicles
e	editorial
info	information technology
law	public health and the law
ltr	letter to editor
obs	overseas observer
rev	book review
s	supplement

This index to *Public Health Reports* is divided into a subject index and an author index. The subject index has one or more entries for each item published. In addition to the subject headings, categorical headings include **ABSTRACTS, BOOK REVIEWS, DATA LINE, EDITORIALS, LAW, LETTERS TO THE EDITOR, PHS CHRONICLES, and PUBLICATION ANNOUNCEMENTS.**

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